

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

10905

1. PLACE OF DEATH:

County... WashingtonCity or town... Berlin md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
noHow long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... WashingtonCity or town... Berlin md
(If outside city or town limits, write RURAL and give nearest town)Street No... no
(If rural, give LOCATION)2.(a) If veteran, name war... no

3. (a) FULL NAME

Laura Appes

3. (b) Social Security Number

no

4. Sex

female a.a.

5. Color or race

white

6. Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Don. Appes

7. Birth date of deceased (mo., day, yr.)

about 1865

6. (c) If alive, give age... years

8. AGE:

Years... about 80 Months... — Days... — If less than one day... hrs. min.

9. Birthplace

Berlin md
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Same as above

12. Name

Joe Pitts

13. Birthplace

Berlin md

14. Maiden name

Ester Pitts

15. Birthplace

Berlin md

16. Informant

Mary Buttingham

Address

Berlin md

17. Burial

BuriedDate thereof... Oct 24-48
(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin md

18. Funeral director

James P. Stewart

Address

Salisbury md19. 10-28- 1948
(Date rec'd by registrar)Helen J. Hayward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 21 Oct 19... 48 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 19... 47 to... 21 Oct 19... 48and that I last saw h... alive on... 21 Oct 19... 48

Immediate cause of death

Hypostatic Pneumonia

DURATION

Due to

atherosclerosis coronary& Degenerative Byssinosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Helen J. Hayward
Address... Berlin md Date signed... 23 Oct 48

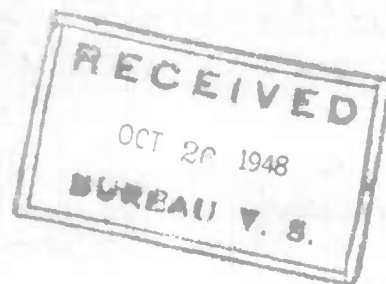
M. D. or other

23 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10906

355

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Worcester
 City or town..... Berlin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 20 yrs
 Hospital, institution, or street address where death occurred:
Bay Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... md County..... Worcester
 City or town..... Berlin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Alice Conquest Bowen

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Sidney A Bowen
 7. Birth date of deceased (mo., day, yr.)..... Mar. 6, 1860 6.(c) If alive, give age..... years
 8. AGE: Years..... 88 Months..... 7 Days..... 5 If less than one day..... hrs. min.

9. Birthplace..... TEMPERANCEVILLE, VA.
 (Town, county, and state)
 10. Usual occupation..... House wife
 11. Industry or business.....
 12. Name..... Edward H. Conquest
 13. Birthplace..... Va.
 14. Maiden name..... Ann Broadwater
 15. Birthplace..... VA.

16. Informant..... Mrs Frank Hudson
 Address..... Pocomoke, Md.
 17. Burial Date thereof..... Oct. 17, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Buckingham Cem.
 Location..... Berlin, Md.
 18. Funeral director..... Anna A. Burbage
 Address..... Berlin, Md.
 19. 10-14 1948 Helen I. Hayward
 (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 12 Oct 1948 at..... 1 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
15 Feb 1947 to 12 Oct 1948
 and that I last saw him alive on 12 Oct 1948
 Immediate cause of death..... Hypertatic
Pneumonia
 Due to..... senility & damaged
atherosclerosis
 Due to..... Chronic Degenerative
Myocarditis
 Other conditions.....
 (Include pregnancy within 3 months of death)

DURATION

1 1/2 yrs.

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE..... Herman A. Kaplan M.D.
 Address..... 504 St. Berlin, Md. Date signed..... 10/14/48

RECEIVED

OCT 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 10907 351

1. PLACE OF DEATH:

County Worcester
 City or town Rural Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Rural Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2. (a) If veteran, name war. ✓

3. (a) FULL NAME

Laron J. Bunting

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Divorced6. (b) Name of husband or wife Mita Bunting

7. Birth date of deceased (mo., day, yr.)

June 16, 1871

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>22</u>	hrs. min.

9. Birthplace

Potomac Sussex Delaware
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Charles Bunting

13. Birthplace

Delaware

14. Maiden name

Charlotte Lynch

15. Birthplace

Delaware

16. Informant

Mrs. Otha Kuskela
Selbyville Delaware

17. Burial

Burial Date thereof Oct 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Old Hellbore Cemetery

Location

Rotand Delaware

18. Funeral director

Henry H. Dabson
Pocomoke Md.

19.

10/11/48 Relay Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 8, 1948 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....

and that I last saw him dead Oct 8, 1948

Immediate cause of death

Accidental trauma

Due to

trauma

Due to

a fall

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

None made
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date 10/8/48Where did injury occur? Rural Snow Hill (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Johnsons home

Means of injury

a fall Injured at work? No

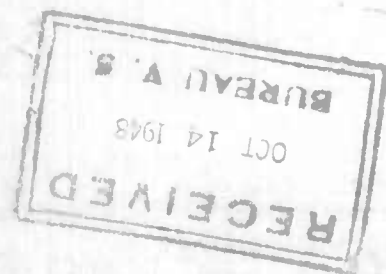
23. SIGNATURE

Relay Smith M. D. or other
Pocomoke City Md. Date signed 10/9/48

MARGIN RESERVED FOR BINDING

VS A15 9.45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

10908

Reg. Diat. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Rural Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Worcester
 City or town Rural Pocomoke, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert Lee Cluff

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed or divorced Widowed
 6.(b) Name of husband or wife Clara W. Cluff
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 21-1863
 8. AGE: Years 85 Months 6 Days 2 It less than one day _____ hrs. _____ min.

9. Birthplace Rural Pocomoke, Somerset, Md.
 (Town, county, and state)
 10. Usual occupation Rural Farmer
 11. Industry or business _____

MOTHER FATHER
 12. Name Robert W. Cluff
 13. Birthplace Maryland
 14. Maiden name Irene Broughton
 15. Birthplace Maryland

16. Informant Dr. Harrell (Baltimore)
 Address Pocomoke, Md.

17. Burial Date thereof Oct 25-1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematorium St. Mary Episcopal Cemetery
 Location Pocomoke, Md.
Shrine Station

18. Funeral director Shrine Station
 Address Pocomoke, Md.

19. Oct 25, 19 48 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23, 1948, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 18 1948 to Oct 22 1948
 and that I last saw him alive on Oct 22 1948

Immediate cause of death Coronary
 DURATION 3 days

Due to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? (City or town) (County) (State)

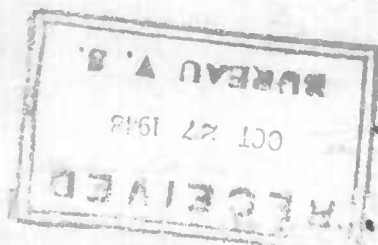
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature C. E. Bletcher

23. SIGNATURE _____

Address _____ Date signed Oct 23, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester
 City or town Stockton Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Stockton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) if veteran, name war _____

3. (a) FULL NAME

Thomas Victory Davis
 4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Mary Rita Davis
 6.(c) If alive, give age 52 years

3. (b) Social Security Number

7. Birth date of deceased (mo., day, yr.) May 16, 1884
 8. AGE: Years 64 Months 5 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Berlin Maryland
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name James T. Davis
 13. Birthplace Maryland
 MOTHER 14. Maiden name Rachel Purcell
 15. Birthplace Maryland

16. Informant Mary Rita Davis
 Address Stockton, Maryland

17. Burial Date thereof May 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Home Baptist Cemetery
 Location Stockton, Md

18. Funeral director Johna Bennett
 Address Stockton md

19. Nov 1 1948 Mary M. Taylor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1948 at 2:40 P M

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from Sept 19 45 to Oct 48
 and that I last saw him alive on Oct 24 1948

Immediate cause of death Cerebral Vascular accident DURATION 1 day

Due to Hypertensive Cardiovascular Renal disease 10 yrs

Due to _____
 Other conditions Partial right hemiplegia from previous Cerebral Vascular accident
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

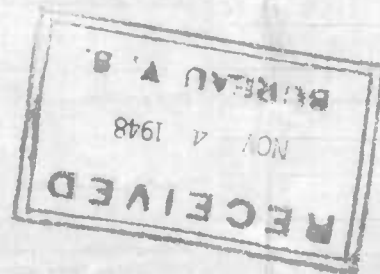
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert L. La Mar MD M. D. for other _____
 Address Snaw Hill Date signed 10/29/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10910

Reg. Dist. No. 353

1. PLACE OF DEATH:

County Worcester
City or town Bishop
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 1/2 weeks
Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

3. (a) FULL NAME

George Edward Gray

3. (b) Social Security Number

—

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Annie Mary Gray
6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 29, 1884

8. AGE: Year 64 Month 6 Days 3 If less than one day — hrs. — min. —

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Peter Gray

13. Birthplace Del.

14. Maiden name Kella Richards

15. Birthplace Del.

16. Informant Annie Mary Gray

Address Bishop, Md.

17. Burial. Date thereof Oct 5 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory DDCF

Location Bishopville, Md.

18. Funeral director M. Pasha Watson

Address Silkyville, Del.

19. 10/5 48 less Berger
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Bishop
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D.
(If rural, give LOCATION)

2. (a) If veteran, name War —

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 19 48 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 48 to Oct 2 19 48
and that I last saw him alive on Oct 2 19 48

Immediate cause of death Cardiac decompensation DURATION 6 mo

Due to arterio-sclerotic heart disease 5 yrs

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Robert G. G. M. D. or other

Address Frankford Ave Date signed 10-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-4-5-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly

1948-10-~~8~~⁹-22
1884-7-29
64-4-3



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10911 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WorcesterCity or town Pocomoke city
(If outside city or town limits, write RURAL and give nearest town)Street No. 916 Second St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Charles Hess

3.(b) Social Security Number

4. Sex m. 5. Color or race w 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 14 1877

6.(c) If alive, give age years

8. AGE: Years 71 Months 1 Days 16 If less than one day hrs. min.9. Birthplace Mount Bethel Pa
(Town, county, and state)10. Usual occupation Mechanic

11. Industry or business

12. Name Louis Hess13. Birthplace Mount Bethel Pa.14. Maiden name Emma Albert15. Birthplace Mount Bethel Pa.16. Informant Mary M. HickordAddress 916 Second St. Pocomoke city MD17. Pocomac, Va Date thereof Oct 4, 1948
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Edgemoor CemeteryLocation Pocomac, Va18. Funeral director Herbert D. LivingstonAddress Pocomac, Va19. Oct 1 1948 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1, 1948 at 10:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 10/1/48and that I last saw him alive on Sept. 28, 1948Immediate cause of death Carcinoma of Larynx with metastasis DURATION 1 1/2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Diagnosis of Carcinoma Date of op. 1947Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis J. Flewelyn, MD M. D. or otherAddress Pocomoke City Date signed 10/1/48

MARGIN RESERVED FOR BINDING

VS. A15 9.45:15M

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED
OCT 4 1948
BUREAU 7. 5.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10912 355

1. PLACE OF DEATH:

County Worcester Co.
City or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 31 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Worcester Co.
City or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Joseph Emis Hickmott

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Edith H. Hickmott

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1894 6. (c) If alive, give age 51 years

8. AGE: Years 53 Months 10 Days 1 It less than one day
hrs. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)

10. Usual occupation merchant

11. Industry or business

12. Name Herbert H. Hickmott

13. Birthplace London England

14. Maiden name Sarah Anne Smith

15. Birthplace Berlin Md.

16. Informant Mrs. Joseph Hickmott

Address Ocean City Md.

17. Burial Date thereof 10/5/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md.

18. Funeral director Hume H. Burbanck

Address Berlin Md.

19. 10-5- 1948 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 48 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 48 to Oct 2 48 and that I last saw him alive on Oct 2 48

Immediate cause of death Coronary Thrombosis DURATION 1 wk.

Due to arteriosclerotic C.D. ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. Hayward J. M.D.
Address Ocean City Md. Date signed Oct 5 48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10913

353

1. PLACE OF DEATH:

County Monroester
City or town Bishopville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Monroester
City or town Bishopville
(If outside city or town limits, write RURAL and give nearest town)
Street No. R70
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Levin James McCabe

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Anne E. McCabe

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1860 6.(c) If alive, give age - years

8. AGE: Years 88 Months 8 Days 9 If less than one day hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Amos McCabe

13. Birthplace Del.

14. Maiden name Luisa Murray

15. Birthplace Ind.

16. Informant Everett McCabe

Address Bishop, Md R.F.D.

17. Burial Date thereof Oct 31-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Bishopville, Md.

18. Funeral director M. Pasha, Watson

Address Bishopville, Del.

19. Oct 30 1948 Levin Berger
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 Oct 1948 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 29 Oct 1948 to 29 Oct 1948 and that I last saw him alive on 29 Oct 1948

Immediate cause of death Hepatic failure
Pneumonia - sec 2

Due to arteriosclerosis, heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Hadden, Jr. M.D.

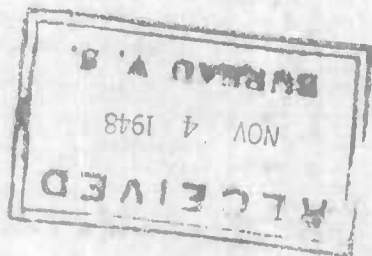
Address 5 Bay St., Baltimore, Md. Date signed 30 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The forerage is especially important. Physicians: please write the causes of death clearly and legibly.

1948-10-29
1860-2-30
88-8-5



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10914 351

1. PLACE OF DEATH:

County Worcester
 City or town Key Forge (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? over night
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)
 State Pa County Worcester
 City or town Key Forge - Rural (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M.

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, year)

6.(c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

Immediate cause of death

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

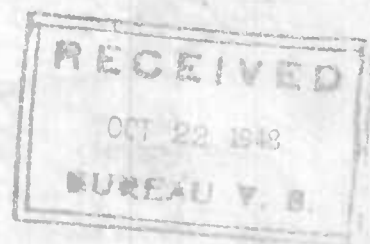
Address

M. D. other

Date signed

DURATION

Years



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WorcesterCity or town Berlin
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

NETTIE TABITHA REYNOLDS

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married6. (b) Name of husband or wife William Reynolds

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age 50 yearsDec. 29, 1899

8. AGE:

Years

Months

Days

If less than one day

4896

hrs.

min.

9. Birthplace

Atlantic Virginia
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

48 Helen F. Hayward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 Oct. 1946 at XG. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1 1946 to Oct. 2 1946and that I last saw her alive on 2 Oct. 1946Immediate cause of death Carcinoma of the left nasal antrium

(maxillary sinus with metastasis into the nose, brain & ocular cavity)

Due to 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations same as aboveDate of op. Oct. 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

3. SIGNATURE Herman G. Rappin M.D.Address Berlin, Md.Date signed 7 Oct 48Reynolds-
correct.

RECEIVED
OCT 18 1948
BUREAU V. S.